DOCUMENT RESUME

ED 232 390 EC 152 688

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TITLE Parental "Coping" or "Copping."
PUB DATE [83]
NOTE 9p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Counseling; *Disabilities; *Emotional Adjustment; Family Influence; Family Problems; Interpersonal Relationship; Marital Instability; *Parent Attitudes; *Psychological Needs; Respite Care; *Stress Variables

ABSTRACT

The author suggests three major factors which tend to influence stress on parents and potential marital problems associated with rearing a handicapped child: (1) Support received from family or significant others, (2) Periodic respite care, and (3) Counseling service sought early in the traumatic experience. Cited are studies showing parental interaction for various types of exceptionalities, particularly mental retardation (e.g. desertion of the father, withdrawal from the father by the mother and her greater involvement with the child.) In summary, the author briefly reviews major milestones in acceptance by parents of their child's handicap. (MC)

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PARENTAL "COPING" OR COPPING"

Comfortably situated in a secure lifestyle, it is very easy for one to judge others. People who are not parents of handicapped children might find it easy to condemn a spouse who pulls out of a marriage, leaving the mate to suffer the consequences alone. Investigation as to whether the spouse is "coping" or "copping out" seems to be logical. Parents of handicapped children are not only confronted with unique conditions presented by the handicap, but they must also cope with societal attitudes toward the handicapped and conflicting values. One should consider the stress that might cause the marriage to disintegrate.

Even in the healthiest and happiest families, each member will experience some measure of stress, fear and disappointment. Endurance and toleration of frustration and willingness to live with less than total fulfillment seem to be necessary. A healthy, mature family should not be so threatened by an occasional conflict.

The handicapped child can either help or hinder the marital relationship dependent upon each individual family structure or interaction. Two major factors seem to influence the results: (1) the support received from family or "significant others," and (2) periodic respite care which allows the parents to restore their confidence in each other and their souls. Counseling services sought early in the traumatic experience may be a third factor.

SIGNIFICANT OTHERS

The 1970's, called the decade of the fragile family, were years of disturbance that changed the marital and familial structure of American

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society. The number of relatives and neighbors who once shared in the socialization of children was greatly reduced. Fifty years ago, one-half the families in the U.S. included at least one extra adult, whereas today, less than .05 percent of all families share the same roof with grandparents, aunts, uncles, or cousins (Murphy, 1979).

Individuals who have no support system frequently find themselves drawing in more and more, engaging in less contact with other members of the family, neighborhood, community, or the organizations and professionals they have used in the past. This tendency to withdraw makes it difficult to cope. This is particularly true of parents who find that all of their energy is going into meeting the needs of their more dependent child, leaving nothing for their own growth and development of interests outside the family. When a family is responsible for the long term care of a disabled child, it is possible to get into routines that keep people close to exhaustion, providing no relief (respite) from the care-giving role.

RESPITE CARE

"All people need a chance for renewal, a time for being alone to regain perspective, composure and humor, and--in the particular case of families with disabled members--a chance for husband and wife to know each other as people and not just as parents of a handicapped child. Revitalization is imperative, "normalization" for parents and siblings of the handicapped is a necessity."

This restoration process by the parents cannot happen without support from others - respite care. Respite care cannot be considered a luxury; it is a necessity if families are to stay together and function well

together. Parents deserve relief from their daily responsibilities; their handicapped children must learn to know and trust people outside their immediate families. The long range effect of respite care can only produce happier, freer, and less anxiety ridden people. Parents must learn to use supports that leave them stronger as individuals and families rather than weaker and more independent. Having support in order to maintain one's talents can be a critical part of keeping a sense of self-esteem and mastery. In families where there is high stress, members frequently lose interest in activities outside their homes or else forget that they have the capacity to learn and the ability to cope with new challenging situations.

COUNSELING

Parents of exceptional children should be treated with understanding and respect. Oftentimes, these parents need only to have the support of a good listener, someone whom they feel they can trust. Being able to share their feelings during a particular crisis experience could be the therapy they need for the moment.

Dr. James Ebersole (1981) says that "parents of a handicapped child need to go for counseling immediately because the divorce rate is very high." The divorce rate among parents of hearing impaired children is 90 percent without counseling; with counseling it goes down to 50 percent. (Elliott, 1982)

Because exceptional parents must find their way through a maze of emotions, which follow no particular order or duration of time, the most concerned counselor must wait for the parents to reach the point where they are ready to receive help before effective communication can occur. Even then, parents are likely to regress to an earlier emotional state

during critical milestones of the child's and family's life cycle. It is important that the parents are made aware that help is available at any time, if necessary.

WHAT OTHERS HAVE FOUND

Various Types of Exceptionality

The presence of a handicapped child may divide or unite a family. In a study of eight 3-5 year-old haemophilic boys, and eight 3-5 year-old non-haemophilic boys, fifty percent of the parents claimed that having the haemophilic child brought them closer together (Markova, MacDonald and Forbes, 1980). The researchers suggest that if the strain on the parents is not excessive, the experience of having a haemophilic child could result in greater parental cooperation and more attention to child rearing.

Schoettle and Cantwell (1980) found in a study of 2,351 child psychiatry patients, that mental retardation and physical problems were statistically more frequent in the intact family population. "Perhaps having a child with physical problems 'protects' the family constellation in some way from the emotional tension (divorce producing?) associated with the behavior and socialization disorders more frequently found in children of divorce populations studied." (p. 469)

Wolenski (1977) found that oftentimes a troubled child who is referred for professional help is a guide for an unhappy, depressed parent who is disappointed with the marriage and the family relations. The child becomes involved in therapy that in reality alleviates the sense of guilt and anxiety resulting from the conflictual marital relationship when stress is projected on the child.

A study (Klein and Schulman, 1980) of 160 families of lower middle-class income from a non-clinical population in Tel Aviv showed that the behavior problem of children is related to the extent of parental marital adjustment. It is the reversal of roles by parents which is significant in the lack of acceptable behavior development of children rather than the exact fulfillment of roles.

Father/Mothers of MR Children

Price-Bonham and Addison (1978) found in a study on MR children and their fathers, that fathers are better able to express their feelings than mothers about the MR child. Fathers set the pattern for acceptance or rejection of the child in the home. If the MR child is a boy, fathers tend to react in extremes of total involvements or total withdrawal. They are generally more accepting of an MR daughter than an MR son, because MR sons do not meet their father's aspirations and these fathers are deprived of their son's achievement (p. 22).

Fathers have historically been the major wage earners for their families. Therefore, expenses of providing for the MR child's needs is one of their major stresses. The greater the degree of MR, the higher the probability the child will be institutionalized. Problems that result from having an MR child often have a profound effect on the father and his job. His ability to interact favorably with co-workers may be impaired. In addition, fathers often must change jobs as the family moves to different residential areas to benefit the MR child. The earlier in marriage an MR child is born, the greater are the chances that the parent's social mobility will be depressed. This downward mobility may be a mechanism by which fathers strive to cope with having an MR child. (Price-Bonham and Addison, 1978)

The Price-Bonham and Addison study (1978) also found that fathers, more than mothers, have reported the birth of an MR child created a "family upset." Strain on the marriage is substantiated by the fact that the divorce rate is three times that of parents with normal children (Love, 1973, ed. in Price-Bonham and Addison, 1978). The desertion rate of fathers is disproportionately high (Reed and Reed, 1965, ed. in Price-Bonham and Addison, 1978). Farber (1959, ed. in Price-Bonham and Addison, 1978) found marital integration was negatively related to the presence of a severely MR child in the home. The disruptive effects on the marriage increase as the child gets older (Price-Bonham and Addison, 1978, pp. 225-6).

There are indications that mothers, on the other hand, withdraw from the husband/father and become more involved with the MR child. This withdrawal could be the consequence of the father's lack of involvements with the MR child. Continued withdrawal by the mother is probably one of the factors leading to the marital disintegration, causing the father to seek fulfillment in formal organizations or activities outside the home. These activities have been viewed as an escape from the burdens at home which have a disruptive effect on the marriage. The mother's inability to maintain an integrated family life generates increased tension in the marital relationship (Price-Bonham and Addison, 1978).

SUMMARY

The presence of a handicapped child in a family can arouse all of the emotions which characterize life. Parents of these children frequently blame themselves for whatever problems befall their family. One aim of these parents must be to relieve themselves of this burden. Following the

initial shock upon discovery that their child is handicapped, the parents move to a stage of realization which may be associated with acute stress. When the parents recognize the situation as real and permanent, there follows a defensive retreat during which wishful thinking may occur. When acknowledgement of reality occurs, a period of depression sets in. Finally, a period of adjustment and adaptation takes place in which anxiety lessens and important values are seen in clear perspective. All people need others for maximum growth.

REFERENCE

1. Ebersole, J. Keynote address. Parent to Parent Conference, University of South Carolina, January 1981.

2. Elliott, D. Lecture on hearing impaired: Parent advocate for hearing impaired students. University of South Carolina, March, 1982.

BIBLIOGRAPHY

1. Klein, M. M. and Shulman, S. Behavior problems of children in relation to parental instrumentability - expressivity and marital adjustment. Psychological Reports, 1980, 47 (1), 11-14.

2. Markova, I., McDonald, K., and Forbes, C. Impact of haemophilia on child-rearing practices and parental cooperation. Journal of Child Psychology and Psychiatry, 1980, 21 (2), 153-162.

3. Murphy, A. T. The families of handicapped children: Context for disability. Volta Review, 1979, 81 (5), 265-278.

4. Price-Bonham, S. and Addison, S. Families and MR children: Emphasis on the father. The Family Coordinator, 1978, 27 (3), 221-230.

5. Schoettle, U. C. and Cantwell, D. P. Children of divorce: Demographic variables, symptoms and diagnoses. Journal of the American Academy of Child Psychiatry, 1980, 19 (3), 453-475.

6. Volenski, L. T. The private clinic: Help for the troubled family. 1977, pp. 1-6 (ERIC Document Reproduction Service No. ED 142016)